

**Form Number 1**

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE \_\_\_\_\_ OF: \_\_\_\_\_

Petitioner,

and

Respondent.

**APPEARANCE**

1. \_\_\_\_\_ Party: \_\_\_\_\_

2. Attorney Information: Self-Represented

3. Case Type : DR

4. Will **NOT** accept FAX service.

5. Names and Social Security numbers of all family members: \_\_\_\_\_

\_\_\_\_\_ child/ren are involved in this matter.

6. Are there related cases? Yes \_\_\_ No \_\_\_

Case Number(s): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Town, State and Zip Code

\_\_\_\_\_  
Telephone number, with area code